



Anticipating and Preparing for Combat from a Cognitive Behavioral Paradigm

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Anticipatory, Preparatory (AP) COSC

- Two Paradigms
 - COSC and Traumatic Stress amelioration
 - Human Combat Performance A/P
- Q: Mental/Behavioral Health Professionals address both: What toolbox are MH/BH professionals likely to use?
 - While psychotherapeutic techniques are available and intuitively seem appropriate for AP, have they been systematically evaluated?

Human Performance & SW Values

- Human Performance (HP)
 - Goffman: games we play in everyday life
(Goffman, 1956, 1961)
 - Therapeutic role playing? Job skill posturing?
 - Clinical techniques as HP (helping us)
 - Surgeons, EMTs, firefighters, police (help other professionals)
 - Disaster work (moving bodies, live or dead, facing danger, child protective services)

HPHPSHRAC

- High Pressure
- High-Profile
- High-Stress
- High-Risk
- Absolute-Commitment
- (Unavoidable stressors)

Unavoidable engagement in uncontrollable stressors

- While phobias admit a certain degree of normal anticipation of exposure (i.e., an individual suffering from arachnophobia is expected to encounter at least some spiders in the normal course of life events), a reasonable degree of avoidance is expected and accepted. In other words, a person who successfully overcomes a crippling fear of spiders is not expected to therefore actively seek out spiders on a regular basis.
Warfighters, Firefighters, Police etc. must!

Are all negative thoughts distortions? Nope.

- “...Negative thoughts are not necessarily distortions; some are true. The essential component here is to identify biased slants on viewing experience (e.g., negative filters) and exaggerated and judgmental interpretations of experience. Demanding and unrealistic expectations are the fuel for the automatic thoughts. Individuals who believe that they should be perfect or they are failures may do fine until they experience a setback in their accomplishments. This setback will trigger a flood of negative thoughts (e.g., ‘I always fail’ or ‘I’ll amount to nothing’) and activate the underlying schema (e.g., ‘I’m a loser’) (Leahy, 2003, p. 333).

When Avoiding Trauma is Dereliction of duty...

- With professional HSHRs avoidance can be seen as being tantamount to dereliction of duty. For instance, a professional warfighter who may have an abnormal fear of danger is still completely expected to fight battles at any time on a regular basis. HSHR professionals, then, are additionally required to be AC (absolutely committed) extending their descriptive acronym to HSHRAC (High-Stress/High-Risk/Absolute Commitment)

SW Values?

- More resistance within the profession than without?

“Are you telling me we allow a student in our program who trains [soldiers] to fight?!”

– reported comment by Ph.D. program faculty member on learning of research with Navy Recruits

- Sole domain of Psychology?
 - Collective Self-Efficacy and relational aspects of performance in teams (Beilock, Jackson, et al)

Jackson, B., Beauchamp, M. R., & Knapp, P. (2007). Self-efficacy, other-efficacy, and relation-inferred self-efficacy in elite athlete dyads: A qualitative investigation into antecedents and consequences. *Journal of Sport & Exercise Psychology*, 29, S173-S174

“The first purpose of this study was to examine the interrelationships among three forms of relational efficacy within performing dyads, namely, **self-efficacy, other efficacy, and relation-inferred self-efficacy**. The second objective was to examine the relationships between these efficacy beliefs and athletes' perceptions of their **commitment to and satisfaction with their current partnership**. Participants were 120 junior tennis players (age, $M = 14.30$ years, $SD = 1.21$) performing within 60 intact pairs (i.e., doubles). Results revealed that **self-efficacy and other-efficacy were predictive of athlete commitment and satisfaction**, respectively. In addition, by utilizing actor--partner interdependence models, partner as well as actor effects were evident. The findings illustrate that relational efficacy beliefs may not only have implications for the individual holding such beliefs, but also for his or her relational partner...” author abstract

Rationale for AP/CB interface 1

1. Mental techniques impact physical behavior literally through neuronal change linked to muscular actions
2. Social relations impact individual and group performance
3. Resistance to mental interventions is normal
4. “Instructor/Learner” form “learning unit”
5. Specific task focus vice nebulous “mental skills”
6. Distinction between thought/feeling/behavior

Rationale for AP/CB interface 2

7. Problem-solving approach (vice general “mental skills”) enhances performance
8. Specific mental techniques targeting action automatically lead to improved actions
9. Cognitive intervention may begin in formal group trainings but must continue as personalized process (“homework”)
10. Supportive action-under-pressure interactions target physiological/muscular change – not overthinking (choking under pressure)

CBI

1. Patient sets the agenda
2. Patient and therapist collaborate
3. “On task” determined as current issue
4. Goal: modify thought, feeling, behavior
5. Focus: here and now
6. Emphasis: problem solving
7. Reject idea of “readiness to change”
8. CB “homework” essential part of CBT

Fundamental CBT Assumptions

(Leahy, 2003, 2004)

- “...the individual’s interpretation of an event determines how he or she feels and behaves” (Leahy, 2003, p. 8).
- “Thoughts and feelings are distinct phenomena” (Leahy, 2003, p. 9).
- “thoughts create feelings (and behavior) (Leahy, 2003, p. 9)

CBT Fundamentals

“Cognitive therapy is a multifaceted approach that is not reducible to techniques, case conceptualizations, treatment modules, empirically validated approaches, schema work, or analysis of resistance. It is all of these things”

- Leahy, 2003, p. 333

Overlap issues would include

- Structured interventions
- Resistance dynamics
- Distinguishing fear from anxiety
- Interventionist/Trainee collaboration
- Intermixture of cognitive, behavioral, emotional, and social components
- Mixture of internal (intrinsic) and external (measurable) goals and outcomes

Differentiating Treatment-oriented and preparatory CBIs

- Goal of *therapy* often has to do with helping an individual adapt better psychologically to situations (given perhaps a predisposition toward pathological cognitions or behavioral manifestations)
- Most professional HSHRACs are presumed to possess at least a modicum of psycho-emotional stability because they undergo institutional screening for their positions.
- Individuals screened for anticipated HSHR events are presumed less vulnerable than the norm to experience debilitating deterioration (or at least are found to be free of significant history of such)

Potentially Direct CB Applications

- Heights
- Flying
- Spaces
- Blood

Sample Cognitive Techniques

(Leahy, 2003, 2004)

- 1) Explaining how thoughts create feelings
- 2) Guessing the thought
- 3) Imagery Induction
- 4) Identifying automatic thoughts
- 5) Listing cognitive distortions
- 6) Distinguishing thoughts from facts
- 7) Distinguishing thoughts from feelings
- 8) A-B-C technique: Activating event, Belief (thought),
Consequence (feelings); Consequence (behaviors)
- 9) Search evidence for and against the validity of a
thought

Sample Cognitive Techniques

(Leahy, 2003, 2004)

- 10) Categorizing cognitive distortions
- 11) Looking at variations in believing a thought
- 12) Rating the degree of emotion and degree of belief in the thought
- 13) Examine how thoughts lead to feelings
- 14) Vertical descent technique – follow thoughts to conclusions
- 15) Categorizing negative thoughts
- 16) Looking for variations in a specific belief
- 17) Etc . Etc. Etc. Do these all translate...?

BLUF

- A role for social workers in anticipatory and preparatory human performance trainings, interventions, research, consultation
- Explore familiar psychotherapeutic techniques for application to AP work

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